

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Employer's Annual Information Return of
Tip Income and Allocated Tips**

OMB No. 1545-0714

2000

► See separate instructions.

Use IRS label.
Make any
necessary
changes.
Otherwise,
please type or
print.

Name of establishment

Number and street (See instructions.)

Employer identification number

City or town, state, and ZIP code

Type of establishment (check
only one box)

- ☐ 1 Evening meals only
- ☐ 2 Evening and other meals
- ☐ 3 Meals other than evening meals
- ☐ 4 Alcoholic beverages

Employer's name

Establishment number
(See instructions.)

Number and street (P.O. box, if applicable.)

Apt. or suite no.

City, state, and ZIP code (If a foreign address, see instructions.)

Check the box if applicable: Final Return ☐ Amended Return ☐**1** Total charged tips for calendar year 2000**2** Total charged receipts (other than nonallocable receipts) showing charged tips**3** Total amount of service charges of less than 10% paid as wages to employees**4a** Total tips reported by indirectly tipped employees**b** Total tips reported by directly tipped employees**Note:** Complete the Employer's Optional Worksheet for Tipped Employees on page 4 of the instructions to determine potential unreported tips of your employees.**c** Total tips reported (Add lines 4a and 4b.)**5** Gross receipts from food or beverage operations (other than nonallocable receipts).**6** Multiply line 5 by 8% (.08) or the lower rate shown here ► _____ granted by the district director. Attach a copy of the district director's determination letter to this return**Note:** If you have allocated tips using other than the calendar year (semimonthly, biweekly, quarterly, etc.), put an "X" on line 6 and enter the amount of allocated tips from your records on line 7.**7** Allocation of tips. If line 6 is more than line 4c, enter the excess here

This amount must be allocated as tips to tipped employees working in this establishment. Check the box below that shows the method used for the allocation. (Show the portion, if any, attributable to each employee in box 8 of the employee's Form W-2.)

a Allocation based on hours-worked method (See instructions for restriction.) ☐**Note:** If you checked line 7a, enter the average number of employee hours worked per business day during the payroll period. (See instructions.) _____**b** Allocation based on gross receipts method ☐**c** Allocation based on good-faith agreement (Attach copy of agreement.) ☐**8** Enter the total number of directly tipped employees at this establishment during 2000 ► _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ►

Title ►

Date ►

